

2645

SEP 24 2002

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	09/457189
Filing Date	12/08/1999
First Named Inventor	Julia Hirschberg, et al.
Group Art Unit	2645
Examiner Name	Olisa Anwah
Attorney Docket Number	1999-0368

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SEP 30 2002

Technology Center 2600

## Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks		

## CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Cedric G. DeLaCruz	Reg. #	36498
TELEPHONE	908-221-5430		
SIGNATURE	<i>Cedric G. DeLaCruz</i>	DATE	09/19/2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
 Commissioner for Patents, Washington, D.C. 20231 on this date: 09/19/2002

Type or Printed Name	Rosemary Drazenovich		
Signature	<i>Rosemary Drazenovich</i>	Date	09/19/2002

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if known

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**TOTAL AMOUNT OF PAYMENT** \$110.00
**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745  
Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance
**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	320	Design Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	

**SUBTOTAL (1)** 0**2. CLAIMS**☐ Filing Under 37CFR 1.53 (b)☐ CPA Under 37CFR 1.53 (d)☐ Amendment

	Extra Claims	Fee from below	Fee Paid
Total - 20 =	0	X	0
Ind. - 3 =	0	X	0
Multiple Dependent Claims			0

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	80	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** 0**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	110
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1390	Extension for reply within fourth month	
128	1890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1240	Petition to revive - unintentional	
142	1240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection(37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL(3)</b>			<b>\$110.00</b>

**SUBMITTED BY**

Typed or Printed Name	Cedric G. DeLaCruz	Reg. Number	36498
Signature		Date	09/19/2002
Deposit Account User ID			

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231